

OVERTIME/COMPENSATORY TIME APPROVAL

Revised (11/06)

Overtir	ne Co	ompensatory Time
Employee		
Department		
Date:	Time Called:	
Reason for Overtime/Compensa	tory Time:	
☐ Emergency Line Locates (inc☐ Leak Repair	• · · · · · · · · · · · · · · · · · · ·	
Customer Problem (address:_		problem:)
☐ Jet (address:		,
Other:		
		·
Start Time:	Finish Time:	Total Time:
Start 11me:	Finish Time:	Total Time:
		Compensatory Time Only:
		Time to be received:
		(Links sing Let 15)
		(multiply time by 1.5)
for approved overtime). If o employee must attempt to m If the mayor is unavailable, t	evertime occurs on a weel ake contact with the may then a police log must acc and signed by the mayor	. If form is not submitted and approved
Employee	,	
Department Supervisor		
Mayor		